# Infant Toddler Program
# Dept. of Health & Welfare
# HEARING SCREENING REPORT

Child's Name: Last _____ First_____ MI_____

Date of Birth: _____ Age: _____ Gender: M/F Birth Hospital: _____

Parent(s) Name: _____ Phone _____

Address: _____ City_____ State: ____ Zip: _____

Child's physician_____
Name Address City State Zip

Developmental Concerns (Check all that apply)

- ☐ Doesn't startle at noises or loud sounds
- ☐ Not responding or turning head toward sounds
- ☐ Doesn't babble or produce vocal sounds
- ☐ Delays in developing speech or unclear speech
- ☐ Behavior problems_____
- ☐ OTHER:_____
- ☐ Difficulty in localizing sounds in environment
- ☐ Difficulty in following directions
- ☐ Delays in expressive and receptive skills
- ☐ Medical issues __chronic ear infections
  __fluid buildup

Risk Assessment for Later-Onset Childhood hearing loss (Check all that apply)
(Monitoring through age 3 is recommended for most risk factors)

- ☐ Premature: Weeks gestation_____
- ☐ NICU stay >5 days
- ☐ Family history of hearing loss @< 18 yrs of age
- ☐ Syndrome Associated with hearing loss
- ☐ Congenital infection
- ☐ Post-natal infection
- ☐ Craniofacial Anomalies _____
- ☐ Received Ototoxic medications (i.e. Gentamycin)
- ☐ Mechanical ventilation
- ☐ Head Trauma

## HEARING SCREENING RESULTS

Date of Screen _____ Screen Number (please circle): 1 2 3

Visual Inspection (please circle) Right Ear: normal or abnormal Left Ear: normal or abnormal
**If abnormal, do not screen: refer to the physician. Once the ears are clear of obstruction, proceed with the screening.

Otoacoustic Emission (OAE):

| | Right Ear | Left Ear |
|---|---|---|
| Circle one | Pass/Refer | Pass/Refer |

Tympanometry (only if refer on the OAE):

| | Right Ear | Left Ear |
|---|---|---|
| Circle one | Pass/Refer | Pass/Refer |

**Please refer to the flow chart for the equipment you are using to know the next step in the referral process.

Refer to ☐ Physician/Pediatrician ☐ Audiologist ☐ ITP Rescreen in 2 weeks

Comments from the screener: Screener signature:_____

If follow up is recommended, please check these resources:

www.EHDI-PALS.org for pediatric audiologist listing

Idaho Sound Beginnings
208-334-0829

Idaho Education Services for the Deaf & Blind
(208) 934-4457